



TOWN OF AQUINNAH BOARD OF HEALTH

955 State Road Aquinnah MA 02535

phone: (508) 645-2309

email: boh-assistant@aquinnah-ma.gov

Permit # _____

Fee \$ _____

Application for Food Establishment Permit

Permit Type: _____ Restaurant \$125 _____ Retail Kitchen \$100 _____ Frozen Dessert \$10

_____ Residential Kitchen (no retail) \$50 _____ Innholder (no retail) \$100

Establishment: _____

Kitchen address: _____

Mailing address: _____

phone: _____ email: _____

Owners: _____

Mailing address: _____

phone: _____ email: _____

Food Safety Manager(s): _____

phone: _____ email: _____

ServSafe* Certified name(s): _____

Anti-Choking* Trained name(s): _____

*Please include copies of ServSafe and Anti-Choking certificates.



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Application for Food Establishment Permit Continued

water source: ____ well ____ bottled ____ other _____

fuel source: ____ electric ____ gas ____ other _____

septic or portable bathrooms: _____

fly and rodent control - methods and procedures:

trash/recycling/food waste - methods and procedures:

I, the undersigned, attest to the accuracy of the information provided in this application and I affirm that the food establishment operation will comply with 105 CMR 590.000 and other applicable law.

The Federal Food Code can be viewed online and downloaded at:

<https://www.fda.gov/media/110822/download>

Signature of applicant: _____ date: _____

Board of Health approval: _____

effective date: _____ expires: _____